

ARTICLE 11

SECTION 1

MAINTENANCE NEEDS

1. GENERAL

The maintenance need is the amount of income a person or family is allowed to keep for living expenses. Maintenance need amounts are set by State legislation. Identified in this article are specific situations that affect the determination of maintenance needs. A maintenance need chart is provided in Appendix A. Historical information on maintenance needs can be found in MEM procedures Article 11.

2. CHILD MAINTAINING SEPARATE RESIDENCE

MEM 50604

This is a situation in which a child lives apart from the parents, and eligibility is determined as one MFBU including the parents and child(ren).

A. Determining Maintenance Need For the Child(ren)

- 1) If the child is living alone or one child living with people who are not financially responsible for the child, use the maintenance need for one.
- 2) If two or more children are living together out of the parents home and they are claimed by their parents as tax dependents, use the maintenance need for the number of children in the separate residence.
- 3) If the child is married and living with his/her spouse, use the AFDC payment level for two as the maintenance need.

B. Determining Maintenance Need for MFBU

After determining the appropriate maintenance need for the child(ren), determine the maintenance need for the parents' household. Combine the two maintenance needs to determine the maintenance need for the entire MFBU. Enter the maintenance need on the 278B using the appropriate BIC.

3. PERSONS WITH LONG TERM CARE STATUS (LTC)

The maintenance need for a beneficiary who will remain in LTC status for the entire calendar month is provided in Appendix B.

A. LTC Status with Therapeutic Wages

MPG Article 1 contains the definition of therapeutic wages. Persons whose wages meet this definition of therapeutic wages receive the LTC maintenance need plus one of the following:

- 1) 70% of gross therapeutic wages; or
- 2) 70% if the maintenance need level of the non-institutionalized person.

Add the lesser amount to the LTC maintenance need to determine the maintenance need.

B. LTC Status with Upkeep of Home

1) Criteria

The beneficiary with LTC status can retain an amount for upkeep of his/her home when ALL of the following conditions are met:

- a) The spouse or family of the LTC person is not living in the home; AND
- b) The home, whether rented or owned by the LTC status person, is being maintained for the return of the LTC status person; AND
- c) We have medical verification that the LTC person will return to the home within six months from the date LTC patient status was established.

2) Allowance

When the above conditions are met, the beneficiary is allowed a deduction for upkeep of the home. The amounts allowed are listed in Appendix B. Enter the amount determined allowable for the upkeep of the home on the BDLM using the appropriate BIC.

C. LTC Status with Community Spouse, Minor or Dependent Children, Dependent Parents, or Siblings of Either Spouse

- 1) The person with LTC status can be allowed a deduction for support and maintenance of his/her community spouse, minor or dependent children, dependent parents, or dependent siblings of either spouse, provided the individuals reside with the community spouse.
- 2) Maintenance need of the community spouse and other dependent relatives shall be a base amount, adjusted yearly. (See Appendix B.)
- 3) The Maintenance need of the community spouse can be increased if:
 - a) There is a court order for support that exceeds the base amount.
 - b) A state fair hearing establishes that the community spouse needs income above the base amount due to exceptional circumstances resulting in financial duress.

Examples of these circumstances are: special diet foods, prescribed electrical medical equipment, and home repairs.

D. LTC Status with Support of Disabled Relative

1) Criteria

The person with LTC status can be allowed a deduction for care of a disabled relative when ALL of the following conditions are met:

- a) The disabled relative is NOT the LTC person's spouse or child; AND
- b) The LTC patient has and will continue to support the relative on a regular basis.

2) Computation

The amount allowed as a deduction is the LESSER of:

- a) Actual contribution; or
- b) Medi-Cal Maintenance need for 1 minus the disabled relative's net income.

Enter the deduction allowed for support of a disabled relative on the 278B using the appropriate BIC.

4. SPECIAL NO SHARE OF COST PROGRAMS

ACWDLs
89-50
89-103
89-104
94-07

The 133%, Income Disregard and Asset Waiver Programs provide no-share-of-cost Medi-Cal benefits to special beneficiaries when their family incomes exceed the maintenance need level but are equal to or less than certain percent of the federal poverty level. Appendix A of this section provides the current maintenance need levels and 133%, 185%, and 200% of federal poverty levels needed to determine eligibility for these programs. Article 5, Section 12 describes these programs and specific benefits to which beneficiaries are entitled under the program.

5. QUALIFIED MEDICARE BENEFICIARY PROGRAM (QMB)

ACWDL
89-80

The QMB program provides Medi-Cal benefits to recipients of Part A Medicare when their income is 90% or less of Federal Poverty Level (this will change to 95% on 1/1/91 and to 100% on 1/1/92). Appendix A of this section provides a chart with the current percentage of the Federal Poverty Level, and this will be updated yearly. Article 5, Section 13, of this manual describes the QMB program and benefits.

APPENDIX 11-1-A
MAINTENANCE NEEDS
ASSISTANCE STANDARDS

MN & FPL CHART - EFF 4/1/09				
HH SIZE	MMNL	100%	133%	200%
1	600	903	1201	1805
2	750	1215	1615	2429
2 Adults	934	1215	1615	2429
3	934	1526	2030	3052
4	1100	1838	2444	3675
5	1259	2150	2859	4299
6	1417	2461	3273	4922
7	1550	2773	3688	5545
8	1692	3085	4102	6169
9	1825	3396	4517	6792
10	1959	3708	4931	7415
Add for Additional Members	14	312	415	624

MN INCOME IN-KIND VALUES				
EFFECTIVE 7/1/89				
HH SIZE	HOUSING	UTILITIES	FOOD	CLOTHING
1	153	33	86	27
2	206	38	182	49
3	225	40	232	75
4	236	41	286	100
5	236	41	346	126
6	236	41	401	149
7	236	41	447	178
8	236	41	490	199
9	236	41	537	227
10	236	41	582	249

1931(b) INCOME IN-KIND VALUES				
EFFECTIVE 6/1/99				
HH SIZE	HOUSING	UTILITIES	FOOD	CLOTHING
1	161	34	90	27
2	217	39	191	52
3	237	42	244	79
4	248	44	301	105
5	248	44	363	133
6	248	44	422	157
7	248	44	470	187
8	248	44	515	209
9	248	44	565	239
10	248	44	612	261

1931(b) INCOME STANDARDS			
HH SIZE	1931(b) LIMIT	OR	100%
1	398		903
2	653		1215
3	808		1526
4	961		1838
5	1094		2150
6	1229		2461
7	1350		2773
8	1473		3085
9	1591		3396
10	1709		3708
Effective	12/1/04		4/1/09
More than 10	1709		Add for additional members 312

1931(b) SNEEDE V. KIZER INCOME/PROPERTY PRORATIONS						
No. of Kids in MBU	EFF 12/1/04		EFF 4/1/09		PROPERTY	
	1931(b) LIMIT		100%		1931(b) LIMIT OR 100%	
	1 Parent	2 Parent	1 Parent	2 Parent	1 Parent	2 Parent
1	327	270	608	509	1500	1050
2	539	481	1018	919	2100	1650
3	721	657	1379	1290	2475	2070
4	876	820	1720	1641	2760	2400
5	1025	965	2051	1981	3000	2679
6	1158	1105	2377	2314	3215	2925
7	1289	1238	2700	2642	3413	3150
8	1415	1368	3019	2967	3600	3360
9	1539	1399	3338	3290	3780	3437
10	1554	1425	3655	3610	3819	3500
Add for Additional Members	Contact Medi-Cal Program for amount.		312			

PROPERTY LIMITS	
MFBU	LIMIT
1 (MN)	\$2,000
1 1931(b)	\$3,000
2 (Both)	\$3,000
3	\$3,150
4	\$3,300
5	\$3,450
6	\$3,600
7	\$3,750
8	\$3,900
9	\$4,050
10	\$4,200
QMB 1 = \$4000 QMB 2 = \$6000	

**APPENDIX 11-1-B
MAINTENANCE NEEDS
ASSISTANCE STANDARDS**

QMB/SLMB/QI-1 LEVELS – EFF 4/1/09						
Family Size	QMB 100%	SLMB 120%	QI-1 135%	TMC 185%	QWDI 200%	WD 250%
1	903	1083	1219	1670	1805	2257
2	1215	1457	1640	2247	2429	3036
3	1526	1831	2060	2823	3052	3815
4	1838	2205	2481	3400	3675	4594
5	2150	2579	2902	3976	4299	5373
6	2461	2953	3323	4553	4922	6153
7	2773	3327	3743	5130	5545	6932
8	3085	3701	4164	5706	6169	7711
9	3396	4075	4585	6283	6792	8490
10	3708	4449	5006	6859	7415	9269
Add for Add'l Members	312	374	421	577	624	780

LTC MAINTENANCE NEEDS-EFF 7/89	
MN/MI Individual	35
SSI Eligibles LTC	40
HOME UPKEEP	
Living Alone	209
Shared	138
Both Spouses LTC	176

A&D FPL DISREGARDS		
EFF DATE	INDIVIDUAL	COUPLE
04/1/09-12/31/09	\$230	\$310
1/1/09-3/31/09	\$230	\$412
6/1/08-12/31/08	\$230	\$391
4/1/08-5/31/08	\$230	\$357
ACWDL 09-20		

COMM SPOUSE INCOME ALLOCATION- EFF 1/1/09
\$2,739
ACWDL 08-49

FAMILY MEMBER MAX. ALLOCATION EFF 7/1/08
\$1,750
ACWDL 08-20

CSRA- EFF 1/1/09	
YEAR	RATE
2009	109,560
2008	104,400
2007	101,640
2006	99,540
2005	95,100
2004	92,760
2003	90,660
2002	89,280
2001	87,000
2000	84,120
ACWDL 08-49	

SGA SUBSTANTIAL GAINFUL ACTIVITY-EFF 1/1/09
\$980
SGA FOR A BLIND PERSON
\$1,570
ACWDL 08-50

250% WD “SSI STANDARD ALLOCATION” AND QMB STANDARD-EFF 1/1/09
\$337
ACWDL 08-57, 08-60

APPR - EFF 1/1/09	
YEAR	RATE
2009	5698
2008	5496
2007	5101
2006	5031
2005	4812
2004	4477
ACWDL 09-05	

FEDERAL BENEFIT RATE (FBR)–EFF 1/1/09		
Use to Determine Parental Deduction Use for 250% WD		
YEAR	INDIVIDUAL	COUPLE
2009	674	1,011
2008	637	956
2007	623	934
2006	603	904
2005	579	869
2004	564	846
2003	552	829
2002	545	817
ACWDL 08-60		

ISM – EFFECTIVE 1/1/09		
IN-KIND SUPPORT AND MAINTENANCE		
	INDIVIDUAL	COUPLE
VTR	224.66	337.00
PMV	244.66	357.00
For scenarios, please see MPG 5-10-E1 ACWDL 08-51		

**COMPLETE SSI PAYMENT STANDARDS
CAN BE FOUND IN MPG 5-10-F**

MEDICARE DEDUCTIBLES-EFF 1/1/09	
PART A – INPATIENT CARE	
\$1068	for 0-60 days
\$265	per day for 61-90 days
\$534	per day for 91-150 days
PART A – SKILLED NURSING FACILITY CARE	
\$133.50	per day for 21-100 days
There is no deductible for days 1-20.	
PART B – ANNUAL DEDUCTIBLE	
\$135	

TB STANDARDS - EFF 1/1/09	
TB Resource \$ Limit = \$2000 (Exception to \$2000 limit is when determining a child's eligibility and there are two parents present. Allow the parents a property limit of \$3000)	
INCOME	
YEAR	INDIVIDUAL
2009	1,433
2008	1,359
2007	1,331
2006	1,291
2005	1,243
2004	1,213
2003	1,189

PICKLE DISREGARD	
LAST SSI/SSP CHECK RECEIVED BETWEEN	EFF 1/09
1/08 through 12/08	.0548
1/07 through 12/07	.0761
1/06 through 12/06	.1056
1/05 through 12/05	.1408
1/04 through 12/04	.1634
1/03 through 12/03	.1806
1/02 through 12/02	.1919
1/01 through 12/01	.2124
1/00 through 12/00	.2390
1/99 through 12/99	.2569
FOR COMPLETE CHART SEE 5-10-D ACWDL 08-51	

MEDICARE PREMIUMS-EFF 1/1/09	
PART A	
\$443	for persons who don't receive no-cost
\$244	for at least 30 quarters of coverage
PART B	
\$96.40	
If income is above \$85,000 for one person or \$170,000 for a couple, the Part B premium may be higher than \$96.40 per month.	